

WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST		
County Owned Wireless Device: <input checked="" type="checkbox"/> Office Use or Individual <input type="checkbox"/> Name Change <input type="checkbox"/> Equipment Change <input type="checkbox"/> Plan Change <input type="checkbox"/> Delete Service	Wireless Data Device: <input checked="" type="checkbox"/> Data Card <input type="checkbox"/> Blackberry <input type="checkbox"/> Other:	Stipend: <input type="checkbox"/> Cellular Telephone \$50/mo <input type="checkbox"/> Data Pad \$25/mo

COUNTY OWNED WIRELESS DEVICE

Office Use / Employee Office Use Employee ID# n/a Signature: n/a
 Department: PROBATE COURT Dept# 023

Quantity: 1

Service: \$ 37.99 /mo (x) 3 months = \$ 113.97 Account: 4-1100-412-00-023-001-0.532

Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -619/664

Requisition Total: \$ 113.97 Requisition Number: 264192

STIPEND


(1) Employee: _____ Employee ID# _____ Signature: _____
 Department: _____ Dept#: _____

Quantity: _____

Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -532

Total: _____

(2) Elected Official/Department Head Authorization for Request:


JUDGE HOMERO GARZA
9/25/14
 Signature Print Name Date

(3) Executive Office Authorization (Commissioner's Court Departments Only):

 Signature Print Name Date

(4) IT DEPARTMENT ONLY:

Service Type Codes: Mobile Broadband Service @ 37.99/month

Commissioner's Court Action: _____ Commissioner's Court Date: 10/14/14

Approved Date: _____ Disapproved

Current County cell phone policy stipulates that employees that have cell phones assigned to them will be taxed the value of the service. Please see the following IRS document for more information: <http://www.irs.gov/govt/irs/article/0,,id=167154,00.html>, EXAMPLE 2.

Requisition

Req # 00264192

PO #

Date: 09/25/14

Bill To: x
x

Vendor: 287024
VERIZON WIRELESS
P.O. BOX 660108
DALLAS TX 75266-0108

Ship To: COUNTY COURT AT LAW #3
100 N. CLOSNER, 3RD FL
EDINBURG TX 78539

Contact: LBARRIENTES
956-318-2385

Contract No: DIR-SDD-1779

Special Instructions:

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
3.00	EACH	DO NOT DUPLICATE ORDER OPEN P. O. FOR MONTHLY SERVICE FOR WIRELESS DEVICE (OCTOBER-NOVEMBER-DECEMBER-2014) (\$37.99 per month) <u>Account No</u> 4-1100-412-00-023-001-0-532 REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233	37.99 <u>Encumbrance</u> 113.97 Freight .00 Total 113.97	113.97 .00 113.97

Authorized By: _____